

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011537

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1529

STATE FILE NUMBER

FILED MAR 21 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
3 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Norwood Nursing H.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5823 Euclid Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
John C. Casey Sr.

4. DATE OF DEATH
Month Day Year
March 8 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
Oct. 22, 1936

9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY
Auto Chaffeur

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Thomas Casey

13b. MOTHER'S MAIDEN NAME

Mary A Crowley

14. NAME OF HUSBAND OR WIFE

Marie Mounts Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs Harold Kopp Sr. 5823 Euclid

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO

DUE TO (c)

x b Atherosclerotic heart disease
x q Acute congestive heart failure

INTERVAL BETWEEN
ONSET AND DEATH

years
hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/22/63 to 3/8/63 and last saw her alive on 3/4/63
Death occurred at 5 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
(Type or print)
Robert D. Chumley

22b. ADDRESS
4601 Independence Ave, KC, Mo

22c. DATE SIGNED
3/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
March 8, 63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)
St. Louis, Missouri

24. FUNERAL DIRECTOR
Name Address
Meribay McGilley Eylar
1800 E. Linwood, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

3-8-63

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert D. Chumley

Dr. Selbert G. Chernoff
4601 Lindy Ave.
CH-1-5750

from 2 - 6 PM Fri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Blomman

Licensed Embalmer No. 4573

P. O. Address K. C. Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.